

**SC DEPARTMENT OF LABOR, LICENSING AND REGULATION  
STATE BOARD OF NURSING  
110 CENTERVIEW DRIVE, SUITE 202  
COLUMBIA, SOUTH CAROLINA 29210**

**BOARD MEETING MINUTES – MARCH 20-21, 2003**

A regular meeting of the State Board of Nursing for South Carolina was held on March 20 - 21, 2003 in Room 108 of the Kingstree Building, 110 Centerview Drive, Columbia, South Carolina. Public notice of this meeting was properly posted at the Board of Nursing Offices, in the Lobby of the Kingstree Building and provided to all requesting persons, organizations, and news media in compliance with Section 30-4-80 of the South Carolina Freedom of Information Act. A quorum was present at all times.

**PLACE OF  
MEETING  
AND FOIA  
COMPLIANCE**

Rose Kearney-Nunnery, Board President, called the meeting to order at 8:30 a.m. on Thursday, March 20, 2003, and at 9:00 a.m. on Friday, March 21, 2003. The mission of the Board was announced as follows: *The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.*

**CALL TO ORDER**

Dr. Kearney-Nunnery asked that the Board and guests observe a moment of silence for our military personnel serving in Iraq.

**MOMENT OF  
SILENCE**

Rose Kearney Nunnery, RN, PhD, President  
Sylvia Whiting, RN, PhD, CS, Vice-President  
Debra J. Newton, LPN, Secretary  
Mattie Smalls Jenkins, LPN  
Brenda Y. Martin, RNC, MN  
James P. Rogers, Esquire, Public Member [*Excused Absence*]  
Keith A. Torgersen, RN, MSN, CRNA  
Suzanne Kanipe White, RN, MN, FAAN, FCCM, CNAA

**BOARD  
MEMBERS  
PRESENT AND  
VOTING**

Martha Summer Bursinger, RN, MSN, Administrator  
Robert E. Barnwell, RN, Program Nurse Consultant-Practice  
Nancy G. Murphy, RN, MSN, Program Nurse Consultant-Licensing  
Donald W. Hayden, Regulatory Compliance Manager  
Dottie M. Buchanan, Administrative Assistant  
Richard P. Wilson, Deputy General Counsel  
Shirley Robinson, Hearing Counsel  
Terretta Johnson, Hearing Counsel  
Kent Lesesne, Litigation Counsel  
Patrick Hanks, Litigation Counsel

**BOARD AND  
LLR STAFF  
MEMBERS  
PRESENT FOR  
CERTAIN  
AGENDA ITEMS**

A motion was made to approve the agenda as presented. The motion received a second. The motion carried unanimously.

**APPROVAL OF  
AGENDA**

The following items were adopted on the consent agenda:

**APPROVAL OF  
CONSENT  
AGENDA**

2.1a Licensure Statistics

- 2.3a For Information: Online Public Access to Nursys
- 5.1 Summary Statistics on Advanced Practice
- 5.2 Minutes of February 20, 2003 Nursing Practice and Standards Committee
- 5.3 Minutes of February 28, 2003 Advanced Practice Subcommittee Conference Call Meeting
- 5.4 Membership of Nursing Practice and Standards Committee and Advanced Practice Subcommittee
- 6.1 Unlicensed Practice (Not Appearing)
- 6.4 NCSBN Second Quarterly Discipline Networking Conference Call
- 6.5 Approval of February 6, 2003 Disciplinary Review Committee (DRC) Minutes
- 6.6 Compliance Statistics
- 6.7 Elder Abuse Council Ad Hoc Legislative Report
- 6.8 Approval of February 20, 2003 Investigative Review Committee (IRC)
- 7.1a For Approval: February 18, 2003 Advisory Committee on Nursing Minutes
- 7.5 For Information: US Army Practical Nurse Designator Change
- 7.6 For Information: Greenville Technical College RN Refresher Course
- 7.9 For Information: NCLEX Summary Statistics for 4<sup>th</sup> Quarter 2002
- 7.11 Waiting List Information Available From Nursing Program
- 8.1 For Ratification: Licensure Recommendations
- 8.2 For Information: Licensure Announcements
- 8.3 For Approval: 960 Hour Practice Requirement–Endorsement Applicants–Refresher Course

A motion was made to approve the Consent Agenda with the addition of item 6.8-Approval of February 20, 2003 Investigative Review Committee (IRC) and item 7.11-Waiting List Information Available From Nursing Program which were inadvertently left off the list but shown in the body of the agenda as consent items and the removal of items 7.1a-For Approval: February 18, 2003 Advisory Committee on Nursing Minutes and 8.1-For Ratification: Licensure Recommendations which were not available. The motion received a second. The motion carried unanimously.

**MOTION**

A motion was made to defer approval of the minutes to the next meeting. The motion received a second. The motion carried unanimously.

**APPROVAL OF MINUTES**

### **ADMINISTRATOR’S REPORT**

#### **Licensure Update**

**LICENSURE UPDATE**

Ms. Bursinger reported that more than 11,000 nurses renewed their licenses on-line this year. Licenses for those nurses renewing on-line were generally mailed within one to two business days of credit card confirmation. The Licensee Look Up on the Board’s web site is updated within two business days allowing licensees and employers to verify that a renewal was processed. Ms. Bursinger reported that the Texas Board of Nursing has gone chiefly to on-line renewal. They send a reminder postcard only and send a paper renewal application only upon request.

#### **Strategic Plan**

Board staff is looking at ways to save money and increase efficiency. Staff is developing a strategic plan for the next five years. Divisional accountability reports are being utilized in reviewing workload and processes. The Department of Labor, Licensing and Regulation (LLR)

Strategic Plan is in the process of being revised by the new administration. This information will be reviewed at the Board's Strategic Planning Meeting on May 28, 2003.

#### Staff News

The Program Nurse Consultant-Education position vacated by Pat Purvis was offered to an applicant who subsequently declined the position. The position remains posted and will be posted in publications that will reach potential applicants nation-wide.

#### Practitioner Remediation and Enhancement Partnership (PREP)

We expect a response later this week from a long-term care facility about their possible participation in the Practitioner Remediation and Enhancement Partnership (PREP). More meetings will be held with potential PREP participants when the nurse practice consultant for education position is filled.

#### SPECIAL PROJECTS

#### H3154 – Diabetes Care Act

The Board is concerned about who will be providing or assisting with diabetes care and medication administration. Ms. Bursinger has spoken with Representatives Joe Brown and David Mack about these concerns.

#### LEGISLATIVE UPDATE

#### H3372 – Civil Law Suit Protection for Physicians, Optometrists, Nurse Practitioners, and Physician Assistants Who Prescribe FDA Approved Drugs

This bill would limit the funds awarded in a personal injury action suits. The bill is still in the House Judiciary Committee. Mr. Barnwell reported that there is similar legislation at the federal level that has passed the U.S. House and moved to the U.S. Senate.

#### Meeting with Representative David Mack

Ms. Bursinger reported that at his request, Alice Wyatt, Renatta Loquist, Ann Lee and she had met with Representative David J. Mack, III (Dist. 109, Charleston) to discuss the nursing shortage in South Carolina. Ms. Loquist provided statistics and information gathered by the South Carolina Colleagues in Caring project. They discussed the causes of the nursing shortage as well as possible ways to alleviate this problem. He asked questions about the school nurse to student ratio. Representative Mack asked that they meet again and would like more information on nurse retention. He is also interested in returning the 10% proviso to the Board to assist with eliminating the nursing shortage.

The National Council of State Boards of Nursing (NCSBN) Mid-Year Meeting is scheduled for next week in Savannah, Georgia. Leadership meetings on Tuesday, March 25, 2003 are for board presidents and directors only. Topics to be discussed at the March 26-27, 2003 meeting include: Nurse Licensure Compact, Practitioner Remediation and Enhancement Partnership (PREP), VUE (testing service), criminal background checks, foreign nurse licensure, and the Institute of Medicine's most recent report, which includes information on continued competency for health care professionals.

#### NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN)

### PRESIDENT'S REPORT

The Board reviewed a draft of changes to the current Bylaws. The bylaws will be revised to reflect the changes in section numbers in the revised Nurse Practice Act (NPA). The Board also discussed their current mission statement and purpose. Ms. McClain said she would

#### BOARD BYLAWS

review the current information and make recommendations for the Board's review and approval at the Board Strategic Planning Retreat on May 28, 2003.

The Board reviewed comments received at the Public Meetings on the revisions to the Nurse Practice Act (NPA), which were held in January and February 2003 in Columbia, Greenville, Florence and Charleston.

**REVIEW OF  
COMMENTS  
FROM PUBLIC  
MEETING ON  
THE NPA  
REVISIONS**

Comments from licensees and the public were generally in the areas of:

- 1) Advanced practice registered nurse (APRN) - There was support for APRN licensure versus official recognition,
- 2) Expanded prescriptive authority for APRNs to include Schedules III through V. Mr. Wilson spoke with Mr. Kozloski, general counsel with the S.C. Medical Association who stated that there was not much opposition to this schedule expansion.
- 3) Discipline - Employers felt the time period for reporting misconduct or incapacities described in §40-33-110 should be changed from 10 to 15 or more business days to allow more time to complete their investigation and for employee grievance procedures. It was explained that a Board investigation could take place at the same time. The Board has the authority to issue an immediate license suspension to protect the public. There must be reasonable grounds such as arriving at work impaired to issue an immediate suspension.
- 4) Biennial renewal – There was support for biennial renewal; however there were concerns about the loss of important data used by employers, schools, etc. It was requested that all nurses be renewed at the same time every other year so statistics would be measured in the same time frame for all license types (LPN, RN and APRN). Random audits of continued competency information would occur in the years licenses were not being renewed.
- 5) Fees – There were questions about fees not being specified in the NPA. A base fee schedule will possibly be included in the NPA; however, the Engine Act allows for fee changes to support the program.
- 6) Continued Competency –There was support for multiple options for proving continued competency instead of the current 960 practice hours in five-year requirement. It was asked that continuing education not be limited to the nurse's current practice area to allow nurses to educate themselves and move to other practice areas.
- 7) Education- There were concerns about the Board prescribing curricula. Public meeting participants felt that education programs should be responsible for what they teach students. Public meeting participants would like to see less “micro-management” of the nursing education programs by the Board. There is duplication of efforts between the Board, S.C. Commission on Higher Education and the accreditation processes.

Mr. Hayden asked that the Board review the disciplinary action process. He suggested that the Investigative Review Committee (IRC), which is an agent of the Board, would propose a recommendation to the licensee. If the licensee agrees to the recommendation forward that signed agreement to the Board President for approval and signature. If the nurse declined the IRC recommendation, the process would go forward as it does currently. This would allow cases to be processed without the delay of waiting for the next board meeting. The IRC would be able to move 90% of the cases forward quickly. There was concern about this being a possible burden on the Board President. It was suggested that a Board Member Panel be

considered. The possibility of the case moving on to the full board with members needing to recuse themselves may cause problems with a quorum. This proposal will be added to the agenda for the Board retreat.

### **REPORTS/UPDATES**

The Board reviewed a written report from the Recovering Professionals Program (RPP). This report contained comparative data from past years and to other licensing boards also participating in the program. The Board would like to have a representative from RPP appear at the May 2003 meeting and discuss the financial side of the program. It was suggested that if the legislature would return the funds from the 10% proviso, this money could fund the RPP without charging the \$7.00 assessment to our licensees. The legislature is very hesitant to return these funds especially during the budget crisis our state is currently facing. Ms. Bursinger reported that several bills have been introduced which would eliminate the Department of Alcohol and Other Drug Abuse Services (DAODAS). One bill would move these services to the Department of Health and Human Services (DHHS). There is also a possibility that the RPP portion of DAODAS would be moved to the Department of Labor, Licensing and Regulation (LLR).

**RPP**

The Board composition and powers were discussed. All language concerning Board membership and its powers were revised and put into one section to provide more clarity.

**NURSE  
PRACTICE ACT**

A motion was made that the practice act and by laws will state that terms of board officers will begin on January 1 following the November meeting in which they were elected. The motion received a second. The motion carried unanimously.

**MOTION**

The phrase “or other authorized licensed provider” was added after “. . . in accordance with the orders of a license physician, dentist, “to the definition of administration of medication in §40-33-20(4). The requirement of a master’s degree was added to all definitions of advanced practice registered nurses (APRN).

On Friday, March 21, 2003, the Board continued discussion of the Nurse Practice Act (NPA.) Section 40-33-31 (F) states that a registered nurse (RN) must place that license on inactive upon receipt of an APRN license. The APRN may still practice as an RN. It was requested that this language be revised to say the license will be placed on inactive status.

The Board approved the concept of the National Council of State Boards of Nursing (NCSBN) Multi-State Nurse Licensure Compact (Compact) at the July 2002 board meeting. At the November 2002 board meeting, James Walker, Vice-President of the South Carolina Hospital Association (SCHA), offered to develop draft Compact language for the Board’s review. Mr. Walker reported the language was now ready for Board review and approval. A conference call board meeting will be scheduled for April to make a decision on this language. The Board reviewed the information; however, no decisions were made at this meeting

Stephanie Burgess reviewed the synopsis of changes to the advanced practice registered nurse (APRN) draft which will be a separate initiative and filed in the future as a new article to the Nurse Practice Act (NPA). No changes have been made to the supervision language. References to “collaboration” are those that are already in the NPA. The word “protocols” has

**APRN UPDATE**

been replaced with “written scope of practice guidelines” that would be developed by the APRN and the physician. The term “delegated acts” has not been changed. Anesthesiologists are opposing “collaboration” with certified registered nurse anesthetists (CRNA). There had been some concern by physicians about the disciplinary actions against an APRN with prescriptive authority. The NPA says that any unlawful acts or incompetence by any level of licensee will be disciplined.

**PROGRAM NURSE CONSULTANT – PRACTICE**

Carolynne Fekete is a registered nurse with a lapsed South Carolina license. Ms. Fekete has not practiced nursing in the past five years. Ms. Fekete has completed an 80 hours refresher course in Tennessee, which included 40 hours of theory and 40 hours of clinical experience approved by the Tennessee Board of Nursing. Regulation 91-22 requires a 160 hours refresher course with 80 hours of theory and 80 hours of clinical experience approved by the South Carolina Board of Nursing. Ms. Fekete was notified that she would need to take a 160 hours refresher course from a program approved by the Board. Southern Adventist University School of Nursing has agreed to provide Ms. Fekete with an additional 40 hours of theory and 40 hours of clinical experience to meet South Carolina requirements and has submitted a plan for the additional 80 hours.

**APPEAL OF  
DECISION ON  
EXCEPTION  
REQUEST FOR  
REFRESHER  
COURSE**

A motion was made to accept the South Adventist University School of Nursing plan for an additional 80 hours for her refresher course for reinstatement of her license. The motion received a second. The motion carried unanimously.

**MOTION**

Nurses with lapsed licenses who are required to either complete a refresher course or take and pass the National Council Licensure Examination (NCLEX) contact the Board regularly inquiring about refresher courses offered by programs other than those approved by the Board. Rather than bringing these cases to the Board, staff asks for approval for the Administrator and Program Nurse Consultant to review and approve courses which meet the minimum 160 hours (80 hours didactic theory and 80 hours clinical experience) and have a sound educational plan. The nurse would maintain the right to appeal any decision made by the Administrator.

A motion was made to authorize the Board Administrator with input from the nurse consultant to approve refresher courses from other states that are equivalent to those approved by the Board. The motion received a second. The motion carried unanimously.

**MOTION**

There were questions about preceptors in facilities for those working on a temporary permit while completing the clinical portion of their refresher course. A temporary permit is issued specific to the facility where the nurse is receiving his or her clinical experience. The clinical preceptors are registered nurses on staff at the facility. The refresher course nurses’ level of skills vary depending on how long the nurse has been out of practice. Schools and preceptors need to communicate the level of supervision needed and what skills need to be observed. The Board asked for a report at the May meeting from the three Board approved refresher courses.

At their February 28, 2003 Conference Call meeting, the Advanced Practice Subcommittee reviewed the Advanced Practice Registered Nurse (APRN) Compact. The Subcommittee recommends that the Board “abstain from admitting APRN as part or consideration of the compact licensure at this point until there is further clarification on some of the terminology and

**APRN COMPACT**

language used and how it will affect our practice.”

Also, at their February 28, 2003 meeting, the Advanced Practice Subcommittee reviewed certified registered nurse anesthetist (CRNA) educational programs and expected graduate skill competencies with invasive monitoring lines, to include but not limited to Swan-Ganz, epidural, pulmonary arterial lines and central venous pressure lines. The Subcommittee recommends that the Board acknowledge “that it is within the scope of practice of the CRNA to insert invasive monitoring lines including but not limited to central venous lines and placement of pulmonary artery catheters as described in the national organization’s (AANA) standards and when included in the CRNA’s guidelines for practice in accordance with Section 91-6(i) of the State Board of Nursing regulations.”

**CRNA**

A motion was made to direct the Advanced Practice Subcommittee of the Nursing Practice and Standards Committee to develop an advisory opinion recognizing that it is within the scope of practice of the CRNA to insert invasive monitoring lines for presentation at the May 2003 meeting. The motion received a second. The motion carried unanimously.

**MOTION**

The Board discussed the LLR Office of General Counsel’s March 10, 2003 legal opinion regarding Scope of Practice for Anesthesiologist’s Assistants. The conclusions of this opinion state that according to the S.C. Anesthesiologist’s Assistants Practice Act, an unlicensed student participating in an anesthesiologist’s assistant educational program or a graduate of such program, who has not yet achieved licensure as an anesthesiologist’s assistant in this state, may not practice under the supervision of an anesthesiologist. It further states, that a CRNA or other practitioner is not authorized to provide supervision of a licensed anesthesiologist’s assistant. Only an anesthesiologist may supervise an anesthesiologist’s assistant.

Cathy Young-Jones, Chair of the State School Nursing Advisory Committee presented to the Board’s School Nurse Task Force a proposal for a new advisory opinion regarding school nurses training, determining competency and overseeing unlicensed school personnel in providing health care to students. This proposal was then submitted to the Nursing Practice and Standards Committee (NPSC) for their review. This is a very significant advisory opinion as it opens unlicensed assistive personnel (UAP) issues in school settings by personnel with no background to make clinical judgment. This proposed advisory opinion would specify that it is within the scope of practice of a registered nurse (RN) practicing in a school setting to select, train, determine competency, and provide indirect oversight of unlicensed school personnel to: 1) provide emergency medications via topical, oral, gastrostomy tube, inhaled, rectal, intramuscular and subcutaneous; provide routine and/or as need medications; 3) provide intermittent urethral catheterization procedures; 4) gastrostomy tube feedings; and 5) provide oral and tracheostomy suctioning. These tasks would be provided with the consent and involvement of a student’s parent/legal guardian and prescription or authorized standing health care provider’s order. Direct oversight is defined as availability of the RN via telecommunications devices. The Board was pleased to see that parents would be involved in this decision. There were concerns about who would assess the need for medications. This assessment requires judgment. Ms. Young-Jones explained that administration of emergency medication is a critical problem in our schools. There are more at-risk students in public schools than ever before. There is not a nurse in every school. There needs to be someone who is trained to administer emergency medications that may possibly save a student’s life. There would be a student specific physician’s order on file with the school. School nurses work with the principal, parents and teachers. Each district is autonomous and makes decisions about

**SCHOOL  
NURSING  
POSITION  
STATEMENT**

nurses in their schools. Currently, the principal selects who will assist with medication administration. It is felt that someone with a healthcare background should make that choice. Nurses do not go on field trips with students to administer emergency care and emergency personnel may arrive too late to save a child's life. There is also danger in providing inappropriate care. An advisory opinion must be written carefully as this may open the door for other UAPs to provide similar care. Emergency care is protected under the "Good Samaritan" law. This proposed advisory opinion goes beyond emergency care and includes routine medications and care. The Diabetes Care Act has drawn a lot of attention to this issue. School administrators and teachers are speaking out in favor of school nurses.

**MOTION**

A motion was made to refer the proposed advisory opinion on registered nurse selection, training, competency determinations, and indirect oversight of unlicensed school personnel to the Advisory Committee on Nursing for review and recommendations. The motion received a second. The motion carried unanimously.

Legal and Board staff are drafting a policy regarding civil penalties for nurses providing incomplete or inaccurate information to the Board. This policy will be especially necessary as random audits are performed requiring documentation for information given on renewal forms for licensed practical nurses, registered nurses, and advanced practice nurses.

**PENALTIES FOR  
INCOMPLETE /  
INACCURATE  
INFORMATION**

The following new and revised advisory opinions were recommended by the Nursing Practice and Standards Committee:

**NEW / REVISED  
ADVISORY  
OPINIONS**

Advisory Opinion #3 regarding the role and scope of responsibilities of a registered nurse (RN) and licensed practical nurse (LPN) to pronounce death in a health care institution or in a home. A revision was made to modify wording on the RN representing the health care institution or agency and to declare that it is not within the scope of practice for the LPN to pronounce death.

A motion was made to approve Advisory Opinion #3 with the recommended revisions as presented. The motion received a second. The motion carried unanimously.

**MOTION**

Advisory Opinion #6 regarding the role and scope of the licensed nurse to perform procedures related to permanent gastrostomy and jejunostomy tubes. The revision replaces Advisory Opinions #6a and #6b relating to RN and LPN practice respectively. The recommended combined advisory differentiates RN and LPN scope of practice by 1) referring to the Nursing Management of Invasive Devices Chart, Gastrointestinal System, and 2) requiring that the LPN must be under the supervision of a the RN who is on site or available on call. The Gastrointestinal System Chart was also totally reviewed and revised.

A motion was made to approve Advisory Opinion #6 combining former Advisory Opinions #6a and #6b as presented. The motion received a second. The motion carried unanimously.

**MOTION**

Advisory Opinion #45 is a new recommended advisory opinion addressing scope of practice with suture mediated vascular hemostasis closure devices. The Committee reviewed the literature and met with Abbott Vascular representatives and licensed nurses from the community. The Committee found that the current state of these devices is not at a safety level where RNs should be deploying and recommends this advisory opinion state that it is not within the RN scope of practice, unless they are an advanced practice registered nurse (APRN), to deploy these devices. Advisory Opinion #38 already allows the RN to deploy extravascular

collagen hemostasis devices, which are relatively safe and well-known procedures during recent years.

**MOTION**

A motion was made to approve new Advisory Opinion #45 as presented. The motion received a second. The motion carried unanimously

A family nurse practitioner appeared before the Board to request a 90-day extension of her official recognition in order to comply with Board of Nursing regulations requiring advanced practice certification. On March 12, 2003, the Board was notified that Respondent had allowed her American Nurse Credentialing Center (ANCC) certification to expire on August 31, 2002. Staff took immediate action and placed Respondent’s official recognition on inactive status. Staff notified Respondent to cease practice as a family nurse practitioner (FNP), provide a letter of explanation, provide a copy of current protocols, and appear before the Board. The Board reviewed Respondent’s letter of explanation, current protocols, and current ANCC certification effective February 18, 2003. Respondent was not certified from September 1, 2002 through February 18, 2003.

**REQUEST FOR  
EXTENSION –  
FNP**

A motion was made to go into executive session to receive legal counsel. The motion received a second. The motion carried unanimously

**MOTION**

A motion was made to return to public session. The motion received a second. The motion carried unanimously

**MOTION**

A motion was made to issue a private reprimand and \$1,000 civil penalty in accordance with Board policy. The motion received a second. The motion carried unanimously

**MOTION**

**REGULATORY COMPLIANCE MANAGER**

The Board reviewed cases and recommendations from the hearing panel. Respondents appeared before the Board.

**CERTIFIED  
PANEL  
REPORTS**

6.2a - Although properly notified, Respondent did not appear to respond to questions from the Board and was not represented by counsel. Respondent’s license lapsed on January 31, 2003. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-33-935(b) and (g) as well as Regulation 91-19(c)(3)(f) and (g). The Panel recommended that Respondent’s license be immediately suspended for an indefinite time period, that prior to reinstatement Respondent be evaluated by the Recovering Professionals Program (RPP), that RPP make a written recommendation to the Board addressing Respondent’s ability to safely practice nursing, upon reinstatement Respondent be placed on probation for a period of time to be determined by the Board, that Respondent’s practice be strictly limited to a specific setting and location approved in writing in advance by the Board and Respondent should not be approved to work in a home health environment, must be under the supervision of a registered nurse present on site at all times.

A motion was made to accept the Hearing Panel’s Findings of Fact, Conclusions of Law and Recommendations of the Hearing Panel with the addition of no locum tenens work. The motion received a second. The motion carried unanimously.

**MOTION**

6.2b - Although properly notified, Respondent did not appear to respond to questions from the Board and was not represented by counsel. Respondent's license lapsed on January 31, 2002. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-33-935(g) and Regulations 91-19 (c)(3)(b) and (i). The Panel recommended that prior to reinstatement of license, Respondent be required to complete a Legal Aspects of Nursing Workshop and Medication Course.

A motion was made to accept the Hearing Panel's Findings of Fact, Conclusions of Law and Recommendations of the Hearing Panel with the addition of one year probation upon reinstatement, working in a Board approved setting with no home health or locum tenens, under the supervision of a registered nurse present on site at all times and quarterly employer reports. The motion received a second. The motion carried unanimously.

**MOTION**

6.2c - Respondent was properly notified and appeared with attorney Ray McClain to respond to questions from the Board. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-33-935(g) and Regulations 91-19 (c)(3)(f) and (m). The Panel recommended that Respondent be issued a Private Reprimand.

A motion was made to accept the Hearing Panel's Findings of Fact, Conclusions of Law and Recommendations of the Hearing Panel. The motion received a second. The motion carried unanimously.

**MOTION**

6.2d - Although properly notified, Respondent did not appear to respond to questions from the Board and was not represented by counsel. Notification was sent to last known address. Counsel reported that Respondent might be incarcerated at this time.

A motion was made to continue the case until proper hearing notification can be made. The motion received a second. The motion carried unanimously.

**MOTION**

6.2e - Although properly notified, Respondent did not appear to respond to questions from the Board and was not represented by counsel. In their Conclusions of Law, the Panel found that Respondent was in violation of §40-33-935(g). The Panel recommended that Respondent's license continue in a suspended status, that suspension be stayed upon a positive written evaluation from the Recovering Professionals Program (RPP), upon reinstatement Respondent be placed on probation, Respondent's practice be strictly limited to a specific setting and location approved in writing in advance by the Board with on-site, on-shift registered nurse supervision, and quarterly employer reports.

A motion was made to accept the Hearing Panel's Findings of Fact, Conclusions of Law and Recommendations of the Hearing Panel. The motion received a second. The motion carried unanimously.

**MOTION**

Mr. Hayden reported on a meeting he attended concerning the Health Insurance Portability and Accountability Act (HIPPA), which takes effect later this Spring. This act relates to information security and privacy. The Board of Nursing as a regulatory agency is exempt from these rules and still may subpoena documents for investigations and audits. The Family Education Rights and Privacy Act (FERPA) applies to student records. It is suggested that schools have their attorneys review this act.

**HIPPA**

## NURSE CONSULTANT – EDUCATION

The Advisory Committee on Nursing Emergency Preparedness Task Force met on February 18, 2003 just before the Advisory Committee on Nursing (ACON) meeting. In attendance were Carolyn James-American Red Cross, Jean Leuner-ACON Chair, Ann Lee-South Carolina Department of Health and Environmental Control (DHEC), James Walker- South Carolina Hospital Association (SCHA), Judy Thompson- South Carolina Nurses Association, and Martha Bursinger, Board Administrator. The Task Force reviewed ways to gather information for a disaster volunteer database. It was agreed that the Board of Nursing would be the best keeper of this information and would only be a collection point to provide the information to DHEC and other involved in the State Emergency Preparedness Plan. Volunteers for bioterrorism or mass destruction disasters will require special training. The volunteer question on the renewal form will be revised to include natural disaster as well as one of bioterrorism or mass destruction and requesting information on specialized training. This information will also be published in the SC Nurse and on the Board's web site.

ACON  
EMERGENCY  
PREPAREDNESS  
TASK FORCE

The Board received a letter from Mary Jo Tone, Chairperson of the Associate Degree Nursing (ADN) Program at the University of South Carolina –Spartanburg notifying the Board of the closure of their ADN program. The final class will be admitted in January 2004 with that class graduating in December 2005. They are requesting that the ADN site survey scheduled for Spring 2003 be rescheduled to Fall 2004 or Spring 2005 to coincide with the site survey for their baccalaureate program.

USC-  
SPARTANBURG

A motion was made to approve the requested alteration of the Spring 2003 site survey visit for the associate degree nursing program to a combined site survey visit for both the associate degree and baccalaureate degree nursing programs. The motion received a second. The motion carried unanimously.

MOTION

### Orangeburg Calhoun Technical College Associate Degree Nursing Program

The Board reviewed the survey report and program nurse consultant recommendations for Orangeburg Calhoun Technical College ADN program conducted on March 29, 2000.

SITE SURVEYS

A motion was made to accept the program nurse consultant's recommendation to continue full approval for 5 years beginning in 2000 with the next survey to be scheduled for Spring 2005. The motion received a second. The motion carried unanimously.

MOTION

### Florence Darlington Technical College Associate Degree Nursing Program

The Board reviewed the survey report and program nurse consultant recommendations for Florence Darlington Technical College ADN program conducted on October 22, 2001.

A motion was made to accept the program nurse consultant's recommendation to continue full approval for 5 years beginning in 2001 with the next survey to be scheduled for Fall 2006. The motion received a second. The motion carried unanimously.

MOTION

Dr. Whiting recused herself from discussion and voting as a board member as she spoke on behalf of South Carolina State University (SCSU) as the Interim Chairperson of the SCSU Department of Nursing.

SOUTH  
CAROLINA  
STATE  
UNIVERSITY

At their January 30, 2003 meeting, the Board approved the phasing out of the current nursing education program of study and for voluntary closure of that program. The Board also waived the 18-month development period for the new program and asked that the new curriculum be presented for Board review and approval to meet the six-month approval period. Dr. Whiting submitted the new curriculum plan for Board review and approval. The Board received letters of support from the clinical facilities in the SCSU community. SCSU has asked for a Commission on Collegiate Nursing Education (CCNE) accreditation visit for Fall 2003. There are currently 26 seniors with 10 in the accelerated group, 28 juniors, although there may be some attrition, and 13 sophomores. Approximately 20 students have expressed an interest applying to enter the nursing program.

The Board reviewed the need for this program in the SCSU community. There will be nursing positions for SCSU graduates. Program resources and budgetary requirements were evaluated. There is support from the university, the community and affiliating agencies.

A motion was made to approve the new South Carolina State University- College of Nursing baccalaureate curriculum beginning in Fall 2003 for an entering class of 20-30 students. The motion received a second. The motion carried unanimously.

**MOTION**

Ms. Bursinger submitted a proposal that the Board retain initial approval of all nursing education programs and continue site surveys for non-accredited programs; however, to accept annual reports, NCLEX passing rates and no substantiated complaints for continued approval of accredited nursing education programs. The annual report would also include placement of graduates, continuation of education, faculty turnover and financial resources. This proposal has been reviewed and approved by the Department of Labor, Licensing and Regulation (LLR).

**PROPOSAL FOR  
NURSING  
EDUCATION  
PROGRAMS**

A motion was made for staff to send the proposed letter as revised with the President's approval to all deans and directors implementing the proposal to accept annual reports from accredited nursing education programs in good standing. The motion received a second. The motion carried unanimously.

**MOTION**

Becky King appeared before the Board to request approval for Piedmont Technical College to expand their practical nurse education program to the college's Laurens County facility. The Board has received many endorsements supporting this expansion from the community. The same curriculum will be used at both sites. Nursing hours will drop from 33 to 31 with the deletion of Nursing of the Elderly, review course and cardiopulmonary resuscitation (CPR), which is now a prerequisite course. General education hours will increase by 3 credits with an overall loss of 4 credits. The faculty has reviewed course content and reduced duplication of information in the courses.

**PIEDMONT  
TECHNICAL  
COLLEGE –  
EXPANSION OF  
PROGRAM**

A motion was made to approve the expansion of the Piedmont Technical College Practical Nurse program to an alternate site in Laurens County and the curriculum change from 51 to 47 credits. The motion received a second. The motion carried unanimously.

**MOTION**

**Friday, March 21, 2002**

A registered nurse endorsement applicant who had reported disciplinary action in another state appeared before the Board to answer questions. The applicant was properly notified.

**SPECIAL  
APPEARANCES**

A motion was made to approve licensure by endorsement into South Carolina contingent upon the Board's receipt of a written policy on how to prevent situations like those occurring in the other state. The motion received a second. The motion passed with 4 ayes, 1 nay, and 1 abstention.

**MOTION**

A motion was made to adjourn the meeting at 11:45 a.m. on March 21, 2002. The motion received a second. The motion carried unanimously.

**ADJOURNMENT**

Respectfully Submitted,  
Dottie Buchanan, Administrative Assistant